

Division of Licensing and Protection

103 South Main Street

Waterbury VT 05671-2306

<http://www.dail.vermont.gov>

Voice/TTY (802) 871-3317

To Report Adult Abuse: (800) 564-1612

Fax (802) 871-3318

May 20, 2015

Ms. Lois Langlois, Administrator  
Rivers Edge Community Care Home  
5 Hunt Street  
Bennington, VT 05201

Dear Ms. Langlois:

The Division of Licensing and Protection completed a complaint investigation at your facility on **May 4, 2015**. The purpose of the investigation was to determine if your facility was in compliance with Residential Care Home Licensing Regulations. There were no regulatory violations as a result of this investigation.

If you have any questions regarding this report, please feel free to contact this office at (802) 871-3317.

Sincerely,



Pamela Cota, RN  
Licensing Chief

Enclosure

Division of Licensing and Protection

|   |   |  |  |
|---|---|--|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>0085 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br>R-C<br>05/04/2015 |
|---|---|--|--|

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

RIVERS EDGE COMMUNITY CARE HOME

5 HUNT STREET  
BENNINGTON, VT 05201

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
|--------------------------|---|---------------------|--|--------------------------|
| R100                     | Initial Comments:<br><br>An unannounced on-site complaint investigation was conducted by the Division of Licensing and Protection in conjunction with a follow up visit on 5/4/15. There were no findings related to the complaint investigation. See separate report for citations related to the follow up visit. | R100                |  |                          |

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE